

PUBLIC SAFETY



California's prison population is expected to surpass 175,000 inmates in 2007, nearly double the number the system was designed to handle. To secure these offenders, the California Department of Corrections and Rehabilitation (CDCR) is housing inmates in workrooms and dayrooms and triple-bunking some in gymnasiums and dormitories. Gyms and dayrooms were not designed to house inmates, and this severe overcrowding creates major safety and security concerns for officers, staff and inmates. Under a declaration of emergency issued by the Governor on October 4, 2006, the CDCR has begun temporarily transferring inmates to prison facilities in other states.

Overcrowding in local jails is just as serious. Space is so limited in local jail facilities that 33 counties are under court-ordered or self-imposed population caps. As many as 18,000 arrestees every month are released from jail early or avoid jail altogether as a result of population caps.

The CDCR and local jurisdictions continue to face increasing pressure from courts to address the public safety population crisis. CDCR is facing three lawsuits attempting to impose a mandatory cap on population in state prisons. If such a cap were imposed by a court, it would result in tens of thousands of felons being released into California communities. This phase of the SGP represents an integrated approach to the issue of incarceration capacity statewide; a partnership between counties and the state to effectively manage a growing problem and challenges in our shared criminal justice system.

Failure on parole is a significant factor driving the overcrowding of our jails and prisons. Currently, seven out of every ten parolees are returned either to state prisons or local jails within three years - the highest recidivism rate in the nation. To reduce post-release criminal behavior of high-risk offenders, the CDCR proposes to operate secure re-entry facilities with the enhanced

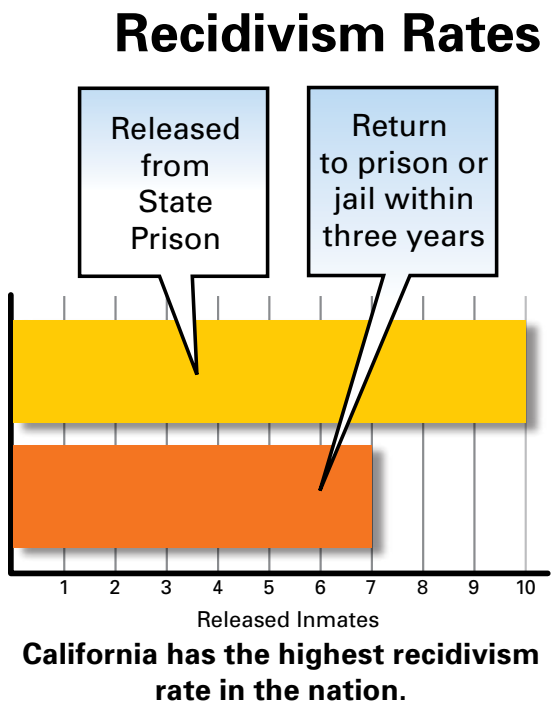
services for parolees to increase their chances for success outside of prison. Successful implementation of these facilities and programs requires a collaborative partnership between CDCR, local law enforcement, and local community social service providers. Through the re-entry program, inmates and revoked parolees will spend up to 12 months of their prison term in a secure facility close to the area in which they will be released. They will receive counseling and risk assessment, housing assistance, drug treatment and other services to reduce the likelihood of re-offending and returning to custody.

A second feature of the proposed state-local partnership addresses juvenile offenders. The CDCR Division of Juvenile Justice (DJJ) will implement changes to shift the population of juvenile offenders housed in state facilities to locals and provide resources sufficient to support county programs for juvenile offenders. Less than one percent of juveniles arrested in California end up in DJJ facilities; the rest are retained at the local level. The DJJ will reduce its population, so only the most serious and violent juvenile offenders are housed in DJJ facilities. The DJJ will accomplish this by narrowing the scope of intake and phasing out a portion of its current population. By keeping them locally, juvenile offenders will benefit from rehabilitative programs in their own communities and be closer to potential support networks. To facilitate this shift, the SGP includes funding to increase the capacity of local jurisdictions to house juvenile offenders.

In addition to these state-local partnership efforts, the CDCR must provide increased health care services, including medical, mental health, and dental services for all inmates. CDCR's health care system has long struggled to comply with three federal lawsuits: *Plata v. Schwarzenegger*, which has jurisdiction over the provision of medical services; *Coleman v. Schwarzenegger*, which has jurisdiction over the provision of mental health services, and *Perez v. Tilton*, which has jurisdiction over dental services. One reason for the continuing compliance issues has been a lack of available space to treat inmates with specialized needs, and house the necessary clinicians and support staff. The CDCR has attempted to mitigate some of the most egregious compliance issues by utilizing less-than-ideal settings, such as temporary housing situations and treatment rooms, but these solutions are not sufficient and do not provide a long term solution. Although all of the remedial actions the state will have to take to alleviate the health care situation have not yet been identified or approved by the courts, the SGP includes a funding set-aside for the facilities that will be a part of those actions.

The SGP includes \$10.9 billion for public safety:

- Expand capacity at existing facilities - \$2.7 billion (\$0.3 billion General Fund and \$2.4 billion lease-revenue bonds). This funding will add 16,238 additional prison beds at existing facilities and expand existing power, water, and wastewater treatment facilities to handle a larger population. Funding is also included for a new Southern California training facility.
- Local jails and juvenile facilities - \$5.5 billion (\$4.4 billion lease-revenue bonds or state-funded local debt service payments and \$1.1 billion local matching funds). To help local governments expand statewide jail capacity for adult and juvenile offenders, funding will be provided to help finance construction for 45,000 new jail beds and 5,000 beds for juvenile offenders.



- Re-entry facilities - \$1.6 billion (lease-revenue bonds and/or contracting authority). In coordination with local governments, re-entry facilities will be constructed to provide 5,000 to 7,000 beds for inmates and revoked parolees.
- San Quentin Condemned Inmate Complex - \$117 million (lease-revenue bonds). This project has faced rising construction costs and additional funding must be provided to complete construction of this new secure facility for the state's condemned population.
- Health Care facilities - \$1.0 billion (lease-revenue bonds). In order to provide specialized beds and treatment and program space for mental health and dental services, and for medical services as directed by the court-appointed Receiver in *Plata v. Schwarzenegger* a \$1 billion set aside is included until cost estimates of specific projects become available from the Receiver.



San Quentin